

City of Fort Worth (HAP)

CERTIFICATION OF INCOME STATEMENT

Applicant Name: _____
 Current Address: _____ Phone #: _____
 City and Zip: _____

All Household Members and Income
 (Including applicant)

Last Name	First Name	Age	Monthly Income \$	Source of Income: (employment, self-employment, child support or other income must be disclosed of all household members 18 yrs. or older)

TOTAL NUMBER OF FAMILY MEMBERS _____ (Include Yourself, Spouse, Children, etc.)

Total Gross Annual Household Income: _____

PERSONAL INFORMATION: (Check one in each item. This Information is required for Federal Reporting Purposes)

- a. ☐ MALE b. ☐ WHITE ☐ BLACK/AFRICAN AMERICAN ☐ BLACK/AFRICAN AMERICAN & WHITE
☐ FEMALE ☐ AMERICAN INDIAN/ALASKAN NATIVE ☐ ASIAN
☐ AMERICAN INDIAN/ALASKAN NATIVE & WHITE ☐ ASIAN & WHITE
☐ NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER ☐ BALANCE/OTHER
☐ AMERICAN INDIAN/ALASKAN NATIVE & BLACK/AFRICAN AMERICAN
- c. ETHNICITY d. DISABLED e. IS HEAD OF HOUSEHOLD FEMALE?
☐ HISPANIC ☐ YES ☐ YES
☐ NON-HISPANIC ☐ NO ☐ NO

Certification:

I certify that the information I am providing is true and could be subject to verification at any time by a third party. I also acknowledge that the provision of false information could leave me subject to the penalties of Federal, State and local law.

 Signature of Applicant

 Date

 Signature of Applicant

 Date

WARNING: TITLE 18, SECTION 1001 OF THE U.S. CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OF THE UNITED STATES GOVERNMENT.

For use by agency staff:

Household Size: _____ Gross Annual Income: _____

Applicable Income Limit: _____ Is Applicant Eligible? _____

Person Making Determination: _____ Date: _____

NOTE: Address, income amounts and sources for ALL household members are required.